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TYPHOID BATHS

BY A GRADUATE

of the Presbyterian Hospital Training-School in the City of New York

THERE is very little, if any, doubt that in typhoid fever the most efficient treatment and that securing the best result is the cold bath.

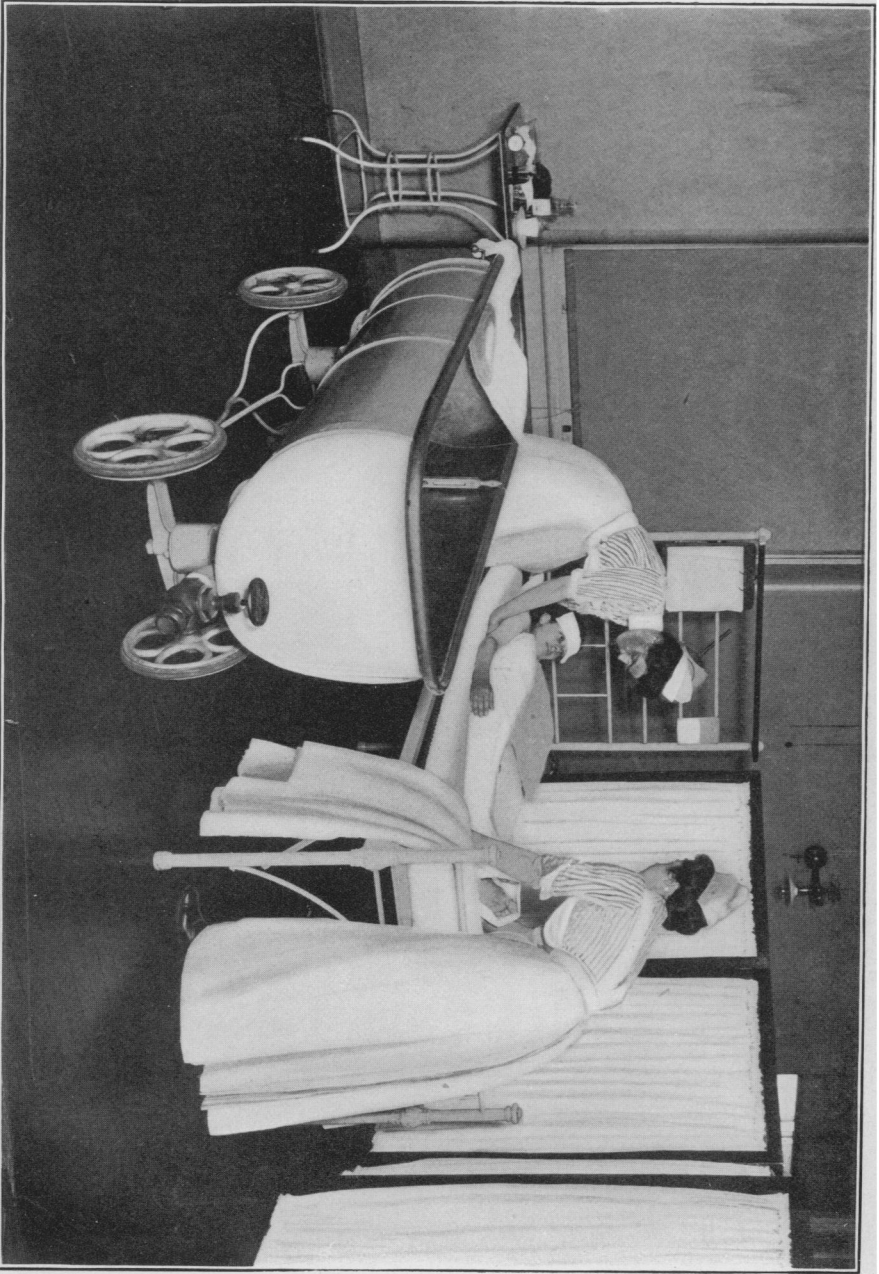
These baths were first recommended by Currie, in England, in 1786, but were used with indifferent success, because no proper means of giving them had then become systematized.

They were, however, resuscitated by a German, Brand, in 1861 with great success. The method was very little known in this country previous to 1888-1890. About 1890 the Johns Hopkins Hospital brought it into more systematic and general use, and it was gradually adopted by all the large hospitals in the country. To-day the mortality in typhoid fever is reduced from twenty-five to seven per cent.

The baths are given in various forms, but where the temperature and physical condition of the patient warrant it, the "tub" bath is in most general use when practicable.

In private practice it is not always possible nor advisable to resort to the "tub," and what is known as the "sponge" bath is in many cases substituted, but in hospitals the "tub" is most frequently used.

The bath-tub is drawn up beside the bed, three-fourths filled with water of a temperature which the physician invariably orders, usually 80° F. for adults and 90° for children. In cases where the temperature keeps high and rising, the water is gradually reduced to 75° and even 60°. Across the head of the tub, suspended by a strong cotton band, is a small-sized rubber air-ring, which acts as an excellent rest for the head during the bath. A small table upon which is a basin with ice and compresses for the head, a bottle of alcohol, a watch, and some towels stands within easy reach at the head of the tub. If previously ordered by the physician, a half ounce of spiritus frumenti is given fifteen minutes before the bath. When all is ready, the patient is protected about the abdomen and loins with a narrow, straight binder, and carefully lifted and placed in the tub. A brisk rubbing of the chest, spine, and extremities is kept up during the bath, which usually lasts not longer than fifteen minutes, often ten only, and sometimes even less, according to the physician's order and the condition of the patient during the bath. The compresses are changed every two or three minutes and the pulse and color carefully noted, as it is not unusual for a patient to become quite cyanosed a few minutes after being put into the tub. When the bath is over, the patient is lifted back on to the bed, which has been



ALL READY

protected by a rubber blanket covered with a sheet placed lengthwise across it. This sheet is folded over the patient and all the moisture is dried off, then alcohol is rubbed briskly over the surface of the body, and after being dried once more with a towel the rubber and sheet are withdrawn from the clean, fresh bed, the patient is covered with a sheet, and hot-water bottles are placed at the feet. A hot drink of milk or broth is then given, and as a general thing it is not many minutes before the patient has fallen into a refreshing sleep.

Very often it is impossible to give this form of bath to a patient of a nervous, excitable temperament, and there is sometimes strenuous objection made by those of more equable disposition. There are also cases where baths have to be discontinued, when there is no radiation of heat from the skin, but, as a rule, after the first two or three they like them, and have been known to sing all through their "tubs" and to be quite disappointed and beg for them when no more were necessary.

The bath usually substituted where the "tub" is not practicable is known as the "sponge" bath. This bath is, as a rule, given when the patient is in too poor condition to permit of lifting from bed to tub so constantly; where the chances are that the case will be a mild one and vigorous measures need not be resorted to; in which, as has been suggested before, the patient is of such a nervous temperament that the tub is calculated to do more harm than good, and in circumstances where it is neither possible nor necessary to obtain a tub. With some physicians it is in more favor than the tub, is considered less exhausting and disagreeable to the patient, with just as satisfactory results. By others it is considered more depressing.

The bed is protected by a rubber blanket extending from well under the head of the patient to the foot of the bed. Precisely the same preparations are made as for the tub bath, with the exception that the water is brought to the bedside in a foot-tub, and two medium-sized bath-sponges are used. In applying the water the sponges are not filled, but just enough water is retained to keep them cool. A good deal of the rubbing should be done by the nurse who is sponging. It is, however, essential that two nurses should give this bath, as one should rub continuously while the other puts the water on and mops it up. The usual time for this bath is also fifteen minutes, the first half of the time the bath being given anteriorly, the last half the patient is gently turned over on one side and bathed and rubbed posteriorly. The same course of treatment is followed before and after as in the tub bath.

Another method of giving the bath is known as the "sluice" bath, and is practically the same with the exception that the rubber blanket is built up all around the patient to form a tank. This may be accom-

plished by folding hair pillows through their centre and placing them under the rubber. As the name signifies, a great deal more water is used than in sponging, and it is allowed to remain around the patient during almost the entire bath, being mopped up only when it begins to get quite warm.

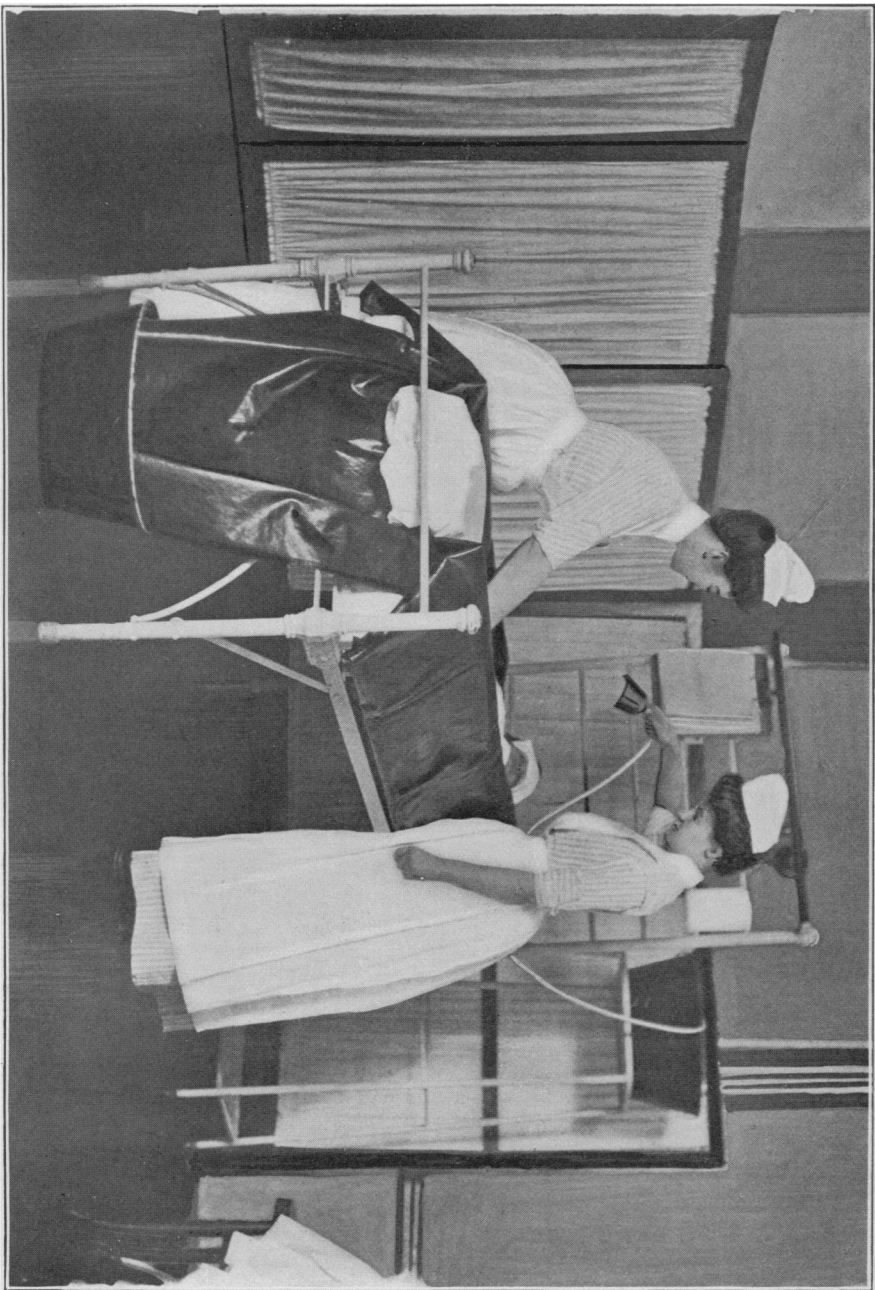
Another bath, also called the "sluice" bath by some physicians, but more infrequently used, is given with the patient prepared in the same manner, but covered with a sheet, the tub containing the water being placed on a high standard beside the bed. An ordinary garden-hose with a sprinkler attached is used to convey the water instead of the sponges. The second nurse does all the rubbing through the sheet covering the patient. The head of the bed is elevated and the rubber protecting the mattress is extended to a tub at the foot to allow the water to escape, in place of being mopped up.

A form of bath more generally used in pneumonia than in typhoid fever, and more expressly for the reduction of temperature alone, is the cold pack, applied to chest and abdomen. This is given in typhoid fever sometimes after hemorrhage, when the temperature did not fall to any great extent and kept rising.

Two sheets are folded into quarter-sized squares; the water of a required temperature is brought to the bed in a foot-tub; one sheet is wrung through this water and placed over the anterior chest and abdomen. Care is taken, in putting the sheet about the chest, that it is well drawn up into the axillas. The sheet is kept cold by sprinkling with water from the tub with a sponge. When this sheet has become saturated and warm, the other replaces it in the same way, and the nurse proceeds as before. There is no rubbing done during the pack. The skin is dried and alcohol applied, as in the other baths. This pack is continued from thirty minutes to an hour, as required by the physician, and usually has a good effect in reducing the temperature.

Still another form of cold pack is where two sheets are used, one covering the upper, the other the lower half of the body. They extend under the back as far as possible without turning the patient. When there is an objection to doing so, the upper one is brought forward again to cover the arms. These sheets are kept well sprinkled with cold water and the pack continued from fifteen to thirty minutes; sometimes the patient is rubbed with ice through the sheet in place of the sprinkle. This method is continued not longer than fifteen minutes.

"Alcohol sponges" are given with excellent result for the reduction of temperature and the quieting effect on a patient in high fever who is not in a condition to be bathed. The alcohol is generally diluted by one-half with water at a given temperature, and small portions of the



THE "SLUCE" BATH

body at a time are bathed and rubbed without exposure, the whole bath usually being given under a blanket or sheet.

As long as the temperature continues to rise above 102.5° , or as long as the condition of the patient warrants, these baths are, as a rule, repeated every four hours.

The best tub for the purpose is the enamelled iron portable tub, elevated on wheels.

A hose for the escape of the water is attached to the foot of the tub, and it may be filled either by carrying the water in pails or by attaching a hose to a convenient faucet.

To give these baths properly, always two, and when possible three, persons do the lifting, to avoid unnecessary strain of the abdominal muscles and to insure the greatest possible comfort to the patient. When there are three, one may be preparing the bed while the others give the bath. If there are only two, it will be necessary for one to stop rubbing for this purpose, which is inconvenient and uncomfortable for the patient and detrimental to the efficacy of the bath.

The practice of lifting the patient into the tub from the side of the bed is in general use. While this is the only way possible in a great many instances, another excellent method is to place the head of the tub at the foot of the bed. In this way the patient is easily accessible from both sides of a single bed, and can be readily lifted into the tub without undue exertion.

The cleansing bath should never be overlooked or neglected, as no amount of cold bathing will quite take its place. A bath when soap and even tepid water is used, given daily, will often obviate the necessity of at least one tub bath, the temperature falling just sufficiently to render the tub following next unnecessary.

THE SMALL GENERAL HOSPITAL—ITS ADVANTAGES AND DIFFICULTIES AS A FIELD FOR TRAINING

By MARY FORBES

Graduate of Hospital for Women and Children, Bristol, England; of St. Luke's Hospital, Chicago; Chief Nurse Shreveport (La.) Sanitarium Training-School; late Superintendent New Orleans Training-School
for Nurses

At the meeting of the Associated Alumnæ in Chicago in May last much time was given to discussion of, and some able papers read upon, the question of the advisability of admitting to the association local alumnæ associates connected with hospitals of less than one hundred beds.